

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759988

FILED  
Jan 22, 2005  
Secretary of State

**Entity Name:** NEW SMYRNA BEACH DISABLED AMERICAN VETERANS CHAPTER 53, INC.

**Current Principal Place of Business:**

P.O. BOX 722  
NEW SMYRNA BEACH, FL 32170

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 722  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 59-2001375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLAT, JOHN P  
2648 EDGEWATER AVE.  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HARMON, ROBERT  
Address: 537 VARNADORE ROAD  
City-St-Zip: OAK HILL, FL

Title: AD ( ) Delete  
Name: GOLD, SHELDON  
Address: 103 N. CAUSWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SVCD ( ) Delete  
Name: KELLAT, JOHN P  
Address: 2648 EDGEWATER AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD F. MOORE

SVCD

01/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date